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FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

FORM 1	M 1 ORGANIZATION			2012 JUL 30 AM 8: 35	
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.		IL CENTER
JustinPAC					
				1 1 1 1 1	
ADDRESS (number and street)		PO Box 2997		 	
(Check if address is changed)		Grand Rapids		MI	49501
		,	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please provide only one e-	mail address)		
Charle if	address ed)	contact@justi	npac.com	1 1 1 1 1	
is change		<u> </u>	<u> </u>	1 1 1 1 1	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)	$(x_1,\dots,x_n) = (x_1,\dots,x_n)^{-1}$		and the second
(Observed)		www.justinpad	c.com	<u> </u>	
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2. DATE 07	[™] ′ 23	° ′ 2012 ′			
3. FEC IDENTIFIC	CATION NU	MBER C			
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have o	examined th	is Statement and to the best	of my knowledge and belief	it is true, correc	t and complete.
Type or Print Name	of Treasurer	Poppy Nelso	n, assistant trea	asurer	
Signature of Treasure	er		riconi	Pate Ö7	[*] ′ 23° ′ 20′12 ′
NOTE: Submission of			may subject the person signing ON SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)